

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-004078

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

133

STATE FILE NUMBER

FILED JAN 11 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis, Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis City Hosp. #1

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

admission)

c. CITY

OR TOWN

ST. LOUIS

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

3318 LOUISIANA AVE

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

August

Middle

J

Last

Kullmann

4. DATE OF DEATH

Month

January

Day

Year

3, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

FEB 26, 1884

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED BEER BOTTLER TALESTAFF BREWERY

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MISSOURI

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

AUGUST KULLMANN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

DORA KULLMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

DORA KULLMANN 3318 LOUISIANA AVE

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

BRONCHOPNEUMONIA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

491X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12/27/61

to 1/3/62

and last saw her alive on

1/3/62

Death occurred at

5:45 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Free or title)

John M. D. Smith M.D.

22b. ADDRESS

1515 Lafayette, Ave

22c. DATE SIGNED

1/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-6-62

23c. NAME OF CEMETERY OR CREMATORY

ST. MARTINS Cem.

23d. LOCATION (City, town, or county)

HIGH RIDGE, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thomas Kutia 2906 Gravois

25. DATE RECD. BY LOCAL REG.

JAN 5 1962

26. REGISTRAR'S SIGNATURE

Road Smith M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Corby S. Hayes Jr.*

Licensed Embalmer No. 4861

P. O. Address 6425 5th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.